DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814



June 24, 1994

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ALL-COUNTY INFORMATION NOTICE I-14-94	REASON FOR THIS TRANSMITTAL
IO: ALL COUNTY WELFARE DIRECTORS	[] State Law Change [] Federal Law or Regulation Change
	[] Court Order
	[] Clarification Requested by
	One or More Counties
	[x] Initiated by CDSS

SUBJECT: REVISED INSTRUCTIONS FOR USING NOTICE OF ACTION (NOA) FORMS TRANSMITTED WITH ALL-COUNTY LETTER NO. 94-44 FOR CASH AID, FOOD STAMPS, AND MEDI-CAL

REFERENCE: ALL COUNTY LETTER (ACL) NO. 94-44

HANDBOOK: THIS LETTER CONTAINS INFORMATION UPDATING THE AFDC NOTICE OF ACTION

HANDBOOK

The purpose of this letter is to transmit copies of Notice of Action (NOA) form instructions inadvertently omitted from ACL 94-44. These form instructions are listed in ACL 94-44, Attachment 2, at the top of Page 2-1. They are referred to as "the instructions accompanying each form."

FORM INSTRUCTIONS ATTACHED

- o NA 200 (4/94) MULTIPURPOSE INCLUDES BUDGET
- o NA 290 (4/94) MULTIPURPOSE
- o NA 960X (4/94) STOP AID; REPORT NOT RECEIVED
- O NA 960Y (4/94) STOP AID; REPORT INCOMPLETE

FOR HOLDERS OF THE AFDC NOTICE OF ACTION HANDBOOK

File the form instructions in Section 5 of your AFDC NOA Handbook. Remove the earlier versions.

CONTACT

If you have questions or need further information, please contact John Honeycutt at (916) 654-1077 or CALNET at 464-1077.

Sincerely,

MICHAEL C. GENEST Deputy Director

Welfare Programs Division

Attachments

c: CWDA

Frank Martucci, Department of Health Services

NA 200 (4/94) MULTIPURPOSE -- INCLUDES BUDGET

o This form must be backed with the current NA Back.

The NA 200 is a multipurpose, generic "blank" Notice of Action form with a budget computation. It is typically used for approval, change, and discontinuance messages that require a budget computation. Generically, it is an NA 290 form with the basic cash aid budget computation added into in the right column. When using the form, follow the rules for completing Notice of Action forms contained in the AFDC NOTICE OF ACTION HANDBOOK.

LEFT COLUMN

- Enter the message to the client. This typically will come from one or more NOA message documents contained in the AFDC NOTICE OF ACTION HANDBOOK.
- O Under "Rules," you will typically enter the MPP regulation citations shown near the top of the appropriate NOA message document(s).

RIGHT COLUMN

o Computation Sections -- Fill in all applicable blanks.

file: wpjhone/l.na.forms/na200 94.04.26

NA 290 (4/94) MULTIPURPOSE

o This form must be backed with the current NA Back.

The NA 290 is a multipurpose, generic "blank" Notice of Action form without a budget computation. If a budget computation is required, use the NA 200. The NA 290 is typically used for approval, change, and discontinuance messages that do not require a budget computation. When using the form, follow the rules for completing Notice of Action forms contained in the AFDC NOTICE OF ACTION HANDBOOK.

LEFT COLUMN

- o Enter the message to the client. This typically will come from one or more NOA message documents contained in the AFDC NOTICE OF ACTION HANDBOOK.
- O Under "Rules," you will typically enter the MPP regulation citations shown near the top of the appropriate NOA message document(s).

RIGHT COLUMN

- o If there is a computation, place it at the top of the column.
- o If the message in the left column needs to be continued into the right column, place it below any computation in this column, separating the computation and the message by a dashed line.

file: wpjhone/l.na.forms/na290 94.04.26

NA 960X (4/94) STOP AID; REPORT NOT RECEIVED

o This form must be backed with the current NA BACK.

Use the NA 960X, after the 11th of the month, to stop aid (AFDC, FS, CAAP) when the CA 7 or SAWS 7 Monthly Report has not been received. The NOA must be sent in time to provide timely notice of the discontinuance.

If the monthly report has been received, but is incomplete, use the NA 960Y to discontinue aid and request additional information.

LEFT COLUMN

- o Enter the effective date of the discontinuance.
- Check the appropriate box(es) to identify the program(s) being discontinued.

file: wpjhone/l.na.forms/na960x94 94.04.26

NA 960Y (4/94) STOP AID; REPORT INCOMPLETE

o This form must be backed with the current NA BACK.

Use the NA 960Y to stop aid (AFDC, FS, CAAP) when the CA 7 or SAWS 7 Monthly Report has been received but is not complete. The NOA must be sent in time to provide timely notice of the discontinuance.

LEFT COLUMN

- o Enter the effective date of the discontinuance.
- Check the appropriate box(es) to identify the program(s) being discontinued.
- o Identify additional information you are requesting:
 - o Check the appropriate box(es).
 - o When enclosing a copy of the monthly report, circle incomplete items on the report.
 - Enter on the NOA a description of any additional information needed.

RIGHT COLUMN

- Check the Food Stamps box when additional information is needed so that the amount of food stamps can be figured.
 - Enter a description of additional information needed.

file: wpjhone/l.na.forms/na960y94 94.04.26